

Fill in this information to identify the case:

Debtor 1	Michael Turlington
Debtor 2 (Spouse, if filing)	Judith Turlington
United States Bankruptcy Court for the: Eastern District of Pennsylvania	
Case number	17-15851-ref

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Fillers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Keystone Collections Group on behalf of Easton Area School District (Easton City) Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Easton Area School District</u>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Keystone Collections Group Name 546 Wendel Road Number Street Irwin PA 15642 City State ZIP Code Contact phone 724-978-0333 Contact email <u>ymmerdian@keystonecollects.com</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ / _____ / _____		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

A

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 5 0 8

7. How much is the claim? \$ 569.86 Does this amount include interest or other charges?

No

Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

2012 through 2014 Delinquent Earned Income Tax (School)

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed

Variable

10. Is this claim based on a lease? No

Yes. Amount necessary to cure any default as of the date of the petition: \$ _____

11. Is this claim subject to a right of setoff? No

Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	Amount entitled to priority
	<input checked="" type="checkbox"/> Yes. Check one:	
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 569.86
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/10 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

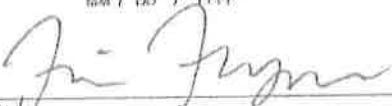
I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/24/2018
MM DD YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name	Michael	Middle name	Mazzella
First name		Last name	
Title	Attorney		
Company	Kratzenberg, Lazzaro, Lawson & Vincent		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	546 Wendel Road		
Number	Street		
Irwin		PA	15642
City		State	ZIP Code
Contact phone	724-978-0333	Email	yammerdian@keystonecollects.com

RE: Turlington, Michael & Judith (Eastern District of Pennsylvania)
No: 17-15851-ref
Delinquent Earned Income Tax

SUMMARY

Easton Area School District (Easton City)

Account: A2111636

Tax Due: 2012 through 2014

Interest Bearing Face Amount: \$ 395.52

Non-interest-bearing Amount: \$ 174.34

Total Claim amount: \$ 569.86

1. The non-interest-bearing amount of the claim includes accrued statutory interest (\$11.87), penalty (\$47.47), costs and expenses (\$115.00).

Statement Date: 01/23/2018
Account: 2111636

KEYSTONE
collections group 546 Wendel Rd.
Irwin, PA 15642
(724) 978-0300 fax (724) 978-2871

VILLANUEVA TURLIN,JUDITH
TURLINGTON,MICHAEL B
1006 FERRY ST
EASTON, PA 18042

Social Security # [REDACTED]

Easton Area School District and Easton City Delinquent Wage Tax Balance Summary

TAX YEAR	FACE	PENALTY	INTEREST	FEES	PAYMENTS	BALANCE
2014	\$681.75	\$69.52	\$17.38	\$85.04	\$82.42	\$751.27
2013	\$398.84	\$47.87	\$11.97	\$68.26	\$0.00	\$526.94
2012	\$465.54	\$55.86	\$13.97	\$73.74	\$0.00	\$609.11

Total From Above: \$1,887.32

Last Payment Information

Payment Received	
Payment Amount	\$0.00

Civil Costs: \$0.00
Criminal Costs: \$0.00
Fees: \$0.00
Act 511 Cost: \$50.00
Grand Total Due: \$1,937.32

Note: Additional interest will be added to balances not paid by the 25th day of the current month. All partial payments are subject to a \$3.00 handling fee.

Make checks payable to Keystone Collections Group